Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                |                               |                               |                  |          | SMALL ENTITY TYPE   |                        | OR                  | OTHER<br>SMALL      |                        |
|---|--|---|----------------|-------------------------------|-------------------------------|------------------|----------|---------------------|------------------------|---------------------|---------------------|------------------------|
| TOTAL CLAIMS  |  |   | 71             |                               |                               |                  |          | RATE                | FEE                    | . :                 | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED   |                               | NUMBER EXTRA                  |                  |          | BASIC FEE           | 375.00                 | OR                  | BASIC FEE           | 750.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 7 / minus 20≈  |                               | * 5/                          |                  |          | X\$ 9=              | 459                    | OR                  | X\$18=              |                        |
| INDEPENDENT CLAIMS  |  |   | Q minus 3 =    |                               | 6                             |                  |          | X42=                | 252                    | OR                  | X84=                |                        |
| MULTIPLE DEPENDENT CLAIM PR   |  |   | RESENT         |                               |                               |                  |          | +140=               | 0                      | OR                  | +280=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |   |                |                               |                               |                  | TOTAL    | 1086                | OR                     | TOTAL               |                     |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                          |  |   |                |                               |                               |                  | <u>L</u> | SMALL E             | NTITY                  | OR                  | OTHER<br>SMALL E    |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                  | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE | ·                   | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | • 72                                      | Minus          | **                            | 71                            | = /              |          | x\$\$ <del>\$</del> | 25,00                  | OR                  | X\$18=              |                        |
|   |  | * 10<br>NTATION OF MI                     | Minus          | ###                           | T CLAIM                       | = /              |          | ×480                | 100.00                 | OR                  | X84=                |                        |
| نسا   | FIRST PRESE                                    | NIAHON OF MI                              | DETIPEE DEP    | ENDEN                         | CLAIM                         |                  | 3        | +140=               |                        | OR                  | +280=               |                        |
| •   |  |   |                |                               |                               |                  |          | TOTAL<br>ADDIT. FEE | 125.W                  | ρR                  | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                |                               |                               |                  |          |                     | •                      |                     |                     |                        |
| AMENDMENT B   |  | CLAIMS REMAINING AFTER AMENDMENT          |                | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus          | **                            |                               | =                |          | X\$ 9=              |                        | OR                  | X\$18=              |                        |
|   | Independent                                    | *   | Minus          | ***                           | T CL AIM                      | -<br>-           | -        | X42=                |                        | OR                  | X84=                |                        |
| _   | FIRST PRESE                                    | NTATION OF MI                             | JUIPLE DEP     | ENDEN                         | CLAIM                         | سللب             | J        | +140=               |                        | OR                  | +280=               |                        |
|   |  |   |                |                               |                               |                  |          | TOTAL<br>ADDIT. FEE |                        | OR                  | TOTAL<br>ADDIT. FEE |                        |
|   |  | (Column 1)                                |                | (Colu                         | mn 2)                         | (Column 3        | 3)_      | ,,,,,               |                        |                     |                     |                        |
| AMENDMENT C   |  | CLAIMS REMAINING AFTER AMENDMENT          |                | NUN<br>PREVI                  | HEST<br>MBER<br>MOUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus          | AA                            |                               | =                |          | X\$ 9=              |                        | OR                  | X\$18=              |                        |
|   | Independent                                    | *   | Minus          | ***                           | T 01 411                      | =                | 1        | X42=                |                        | OR                  | X84=                |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                |                               |                               |                  | _        | +140=               | :                      | OR                  | +280=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                |                               |                               |                  |          |                     |                        | TOTAL<br>ADDIT, FEE |                     |                        |
|   | If the "Highest Nu                             | imber Previously Fa<br>hber Previously Pa | aid For IN THI | S SPACE                       | is less th                    | an 3, enter *3.  | •        | •                   | propriate bo           | x in c              | •                   | :                      |